

TEMPORARY MODIFICATION OF TRAFFIC (MOT) ROUTING FORM

DATE:

APPLICANT/ADDRESS/PHONE:

PERMIT NO. _____

(PROVIDED BY CITY AT TIME OF PERMIT APPLICATION)

PROJECT NAME/ADDRESS: _____

- This routing form should be completed and submitted as an attachment to the above-referenced permit (hereinafter "PERMIT").
- Obtaining signatures on this routing form does not constitute any approvals by the City. The MOT may be implemented only after issuance of the PERMIT, subject to satisfaction of all prerequisite conditions.
- This form is for MOT's within rights-of-way under City of Fort Lauderdale's jurisdiction. If the MOT or detour routes affect rights-of-way under Broward County jurisdiction, the County's form (available on the City website) should also be completed with the required signatures and attached. If the detours affect FDOT right-of-way, a permit from FDOT must be attached.
- If work is taking place in County or FDOT R/W, an MOT permit is not required from the City. However, PERMIT applicant (hereinafter APPLICANT) is asked to provide two weeks advance notice of any closures or detours to the City's Public Information Office.

Specific dates and times requested for MOT implementation:

Begin _____ End _____

Describe Work, including location of site and address, names of affected streets, why MOT is necessary, nature of the construction, deliveries, staging areas, if cranes will be used, etc. (staging and storage of materials/equipment are not permitted in the right-of-way). Please note if additional sheets have been attached for the description of work.

Describe MOT, the number of lanes affected on each street, if metered parking spaces will be displaced, if detours are necessary, if flagmen will be provided, if MOT will be full-time (or times of day the MOT is to be in effect) and any other special considerations related to this request. Please note if additional sheets have been attached for the description of MOT.

Attach: MOT plan prepared by a certified worksite traffic control technician or traffic control supervisor (as appropriate for the complexity of the job), with a copy of current certification.

If implementation of an approved PERMIT is found to adversely affect public safety and/or public convenience or there is a conflict with a higher public purpose, the APPLICANT may be required to modify the MOT plan or the PERMIT may be temporarily suspended or permanently revoked at any time with reasonable notice from the City.

The MOT plan shall be in accordance with provisions of the latest edition of Part IV of the Manual of Uniform Traffic Control Devices for Streets and Highways and FDOT Design Standards. Compliance with the requirements of the approved plan shall be the responsibility of the APPLICANT.

(APPLICANT)

(Print Name/Title)

As a consideration for the permission granted herein, _____ (APPLICANT) agrees to indemnify and hold harmless the City of Fort Lauderdale for any damages, claims or injuries that may result from the MOT plan approved under the PERMIT.

(Name of Company)

By: _____
(Company Officer, President, or Authorized Agent)

Project Name: _____ **PERMIT NUMBER:** _____

Applicant should collect the signatures in this section (if required). To expedite processing, signatures may be requested concurrently via fax or pdf and provided on separate copies of this page.

(Date)

Police Department (Patrol Secretary Office)

(Required only if MOT includes a detour for any direction of travel)
1300 West Broward Boulevard
Tel.: (954) 828-5477 (call for appointment)

(Date)

Fire-Rescue Department

(Required only if MOT includes a detour for any direction of travel)
Bill Findland, Assistant Chief
528 NW 2nd Street
Tel.: (954) 828-4351 (call for appointment); Fax: (954) 828-6843

(Date)

Maj Shakib/ Studies Section

(Required only if MOT/detour affects County road or intersection)
2300 W. Commercial Boulevard
(Please call (954) 847-2655 for appt. Walk-ins NOT accepted)

After above signatures are collected, Applicant should forward the MOT Plan and this routing form to the person listed below.

(Date)

Transportation and Mobility

Heslop Daley, Project Engineer
290 NE 3rd Avenue
Tel: (954) 828-5734 Fax: (954) 828-3734

City Manager's signature to be requested by City Staff only (if signature is required)

(Date)

City Manager's Office

Lee R. Feldman, ICMA-CM, City Manager
100 N. Andrews Avenue, 7th Floor
Tel.: (954) 828-5013 or Fax: (954) 828-5121

A copy of the PERMIT, this routing form and MOT shall be kept on-site and made available to the City inspector at all times.

This form is for MOT plans associated with private utility projects and private development projects. MOT plans for City Capital Improvement Projects shall be coordinated through Engineering Inspection or the Project Manager. Traffic modifications required for special events shall be arranged through the City's Special Events Coordinator, Jeff Meehan at (954) 828-6705.